



**Notice of Entry of Appearance  
as Attorney or Accredited Representative**

**Department of Homeland Security**

**DHS  
Form G-28**

OMB No. 1615-0105

Expires 05/31/2021

**Part 1. Information About Attorney or  
Accredited Representative**

1. USCIS Online Account Number (if any)



***Name of Attorney or Accredited Representative***

2.a. Family Name  
(Last Name)

2.b. Given Name  
(First Name)

2.c. Middle Name

***Address of Attorney or Accredited Representative***

3.a. Street Number  
and Name

3.b. ☐ Apt. ☒ Ste. ☐ Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

***Contact Information of Attorney or Accredited  
Representative***

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

**Part 2. Eligibility Information for Attorney or  
Accredited Representative**

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select only one box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



### Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.  
G-639
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)  
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
☒ Applicant ☐ Petitioner ☐ Requestor  
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

#### Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) Gomes
- 6.b. Given Name (First Name) Glaucio
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)  
▶
9. Client's Alien Registration Number (A-Number) (if any)  
▶ A- 2 1 3 5 5 8 6 6 3

### Client's Contact Information

10. Daytime Telephone Number  
7746022386
11. Mobile Telephone Number (if any)  
7746022386
12. Email Address (if any)  
glauciogomes704@gmail.com

### Mailing Address of Client

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name 41A Fruit Street
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town Milford
- 13.d. State MA 13.e. ZIP Code 01757
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country  
USA

### Part 4. Client's Consent to Representation and Signature

#### Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

**Part 4. Client's Consent to Representation and Signature** (continued)

**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

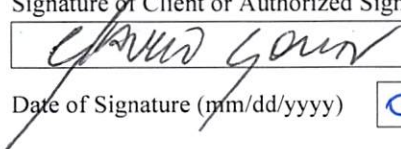
- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

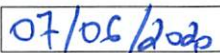
**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

**Signature of Client or Authorized Signatory for an Entity**

2.a. Signature of Client or Authorized Signatory for an Entity

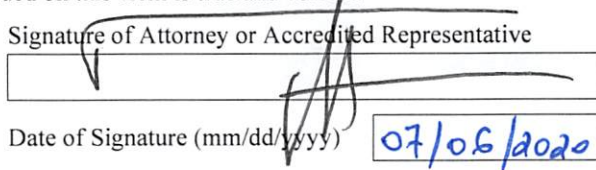
➔ 

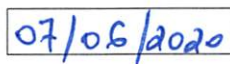
2.b. Date of Signature (mm/dd/yyyy) 

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy) 

2.a. Signature of Law Student or Law Graduate



2.b. Date of Signature (mm/dd/yyyy) 



## Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

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3.a. Page Number 3.b. Part Number 3.c. Item Number

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4.a. Page Number 4.b. Part Number 4.c. Item Number

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# Freedom of Information/Privacy Act Request

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form G-639  
OMB No. 1615-0102  
Expires 06/30/2022

**NOTE:** Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act. However, using this form can help ensure we have the appropriate information to handle your request.

► **START HERE** - Type or print in black ink.

## Part 1. Type of Request

Select **only one** box.

**NOTE:** If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a. ☒ Freedom of Information Act (FOIA)/Privacy Act (PA)  
1.b. ☐ Amendment of Record (PA only)

## Part 2. Requestor Information

1. Are you the Subject of Record for this request?  
☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, skip to **Part 3**. If you answered "No" to **Item Number 1.**, provide the information requested in **Part 2., Item Numbers 2.a. - 3.c.**

### Representative Role to the Subject of Record

Select your representative role to the Subject of the Record.

- 2.a. ☒ An Attorney  
2.b. ☐ An Accredited Representative of a Qualified Organization  
2.c. ☐ A Family Member

Select the appropriate box to provide further information regarding your representative role to the Subject of the Record.

- 3.a. ☐ I am requesting information on behalf of my child or a minor I have guardianship over.  
3.b. ☐ I am requesting information on behalf of someone who is deceased.  
3.c. ☐ I am requesting information on behalf of someone for whom I have power of attorney.

### Requestor's Full Name

- 4.a. Family Name (Last Name)   
4.b. Given Name (First Name)   
4.c. Middle Name

### Requestor's Mailing Address


- 5.a. In Care Of Name (if any)   
5.b. Street Number and Name   
5.c. ☐ Apt. ☒ Ste. ☐ Flr.   
5.d. City or Town   
5.e. State  5.f. ZIP Code   
5.g. Province   
5.h. Postal Code   
5.i. Country

### Requestor's Contact Information

6. Requestor's Daytime Telephone Number   
7. Requestor's Mobile Telephone Number (if any)   
8. Requestor's Email Address (if any)

### Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

- 9.a. Requestor's Signature   
9.b. Date of Signature (mm/dd/yyyy)

### Part 3. Description of Records Requested

While you are not required to respond to every **Item Number** in **Part 3.**, failure to provide complete and specific information may delay processing of your request or prevent U.S. Citizenship and Immigration Services (USCIS) from locating the records or information requested.

1. State the purpose of your request.

**NOTE:** This field is optional. However, providing this information may assist USCIS in locating the records and information needed to respond to your request.

To determine Immigration Benefits  
eligibility.

#### Full Name of the Subject of Record

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name

#### Other Names Used by the Subject of Record (if any)

Provide all other names the Subject of Record has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

#### Full Name of the Subject of Record at Time of Entry into the United States

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name

### Other Information About the Subject of Record

- 6.a. Form I-94 Arrival-Departure Record Number  
▶
- 6.b. Passport or Travel Document Number
7. Alien Registration Number (A-Number) (if any)  
▶ A-
8. USCIS Online Account Number (if any)  
▶
9. Application or Petition Receipt Number  
▶

#### Information About Family Members that May Appear on Requested Records

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

##### Family Member 1

- 10.a. Family Name (Last Name)
- 10.b. Given Name (First Name)
- 10.c. Middle Name
11. Relationship

##### Family Member 2

- 12.a. Family Name (Last Name)
- 12.b. Given Name (First Name)
- 12.c. Middle Name
13. Relationship

#### Parents' Names for the Subject of Record

##### Father

- 14.a. Family Name (Last Name)
- 14.b. Given Name (First Name)
- 14.c. Middle Name



**Part 3. Description of Records Requested**  
(continued)

**Mother**

15.a. Family Name (Last Name) **Gomes**

15.b. Given Name (First Name) **Vindilina**

15.c. Middle Name **Rosa**

15.d. Maiden Name (if applicable)

16. Describe the records you are seeking. If you need additional space, use the space provided in **Part 6. Additional Information.**

**Alien File.**

**Part 4. Verification of Identity and Subject of Record Consent**

Provide the information requested in **Item Numbers 1.a. - 7.** In addition, the Subject of Record **MUST** sign in **Item Numbers 8.a. - 8.c.**

**Full Name of the Subject of Record**

1.a. Family Name (Last Name) **Gomes**

1.b. Given Name (First Name) **Glaucio**

1.c. Middle Name

**Other Information for the Subject of Record**

2. Date of Birth (mm/dd/yyyy) **04/24/1978**

3. Country of Birth  
**Brazil**

**Mailing Address for the Subject of Record**

4.a. In Care Of Name (if any)

4.b. Street Number and Name **41A Fruit Street**

4.c. ☐ Apt. ☐ Ste. ☐ Flr.

4.d. City or Town **Milford**

4.e. State **MA** 4.f. ZIP Code **01757**

4.g. Province

4.h. Postal Code

4.i. Country  
**USA**

**Contact Information for the Subject of Record**

NOTE: Providing this information is optional.

5. Daytime Telephone Number  
**7746022386**

6. Mobile Telephone Number (if any)  
**7746022386**

7. Email Address (if any)  
**glauciogomes704@gmail.com**

**Part 4. Verification of Identity and Subject of Record Consent (continued)**

**Signature of the Subject of Record**

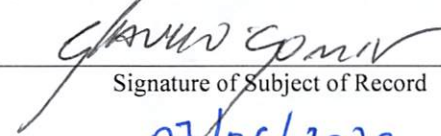
Select **only one** box.

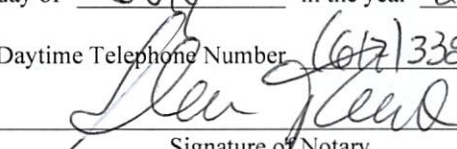
**NOTE:** The Subject of Record **MUST** provide a signature in **Item Number 8.a. OR Item Number 8.b.** If the Subject of Record is deceased, select **Item Number 8.c.** and attach an obituary, death certificate, or other proof of death.

**8.a. ☒ Notarized Affidavit of Identity**

**IMPORTANT:** Do **NOT** sign and date below until the notary public provides instructions to you.

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to **\$25**. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

  
\_\_\_\_\_  
Signature of Subject of Record  
07/06/2020  
\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this 6  
day of July in the year 2020.  
Daytime Telephone Number (617) 338-3900  
  
\_\_\_\_\_  
Signature of Notary  
07/25/2025  
\_\_\_\_\_  
My Commission Expires on (mm/dd/yyyy)



**8.b. ☐ Declaration Under Penalty of Perjury**

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to **\$25**. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

\_\_\_\_\_  
Signature of Subject of Record

\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)

**8.c. ☐ Deceased Subject of Record**

**Part 5. Processing Information**

1. Indicate if any of these circumstances apply to your request (Select all that apply).
- ☐ Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.
  - ☐ An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating information.
  - ☐ The loss of substantial due process rights.
  - ☐ A matter of widespread and exceptional media interest in which there exists possible questions about the government's integrity which affects public confidence.

Submit a certified, detailed statement regarding the basis for your request with your Form G-639.

2. Do you have a pending Immigration Court hearing date?  
☒ Yes ☐ No

If you answered "Yes" to **Item Number 2.**, submit a copy of one of the following documents with your Form G-639: I-862, Notice to Appear; Form I-122, Order to Show Cause; Form I-863, Note of Referral to Immigration Judge, or submit a written notice of continuation of a future scheduled hearing before the immigration judge.





## Part 6. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Type or print the Subject of Record's name and his or her A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Subject of Record's Family Name (Last Name)

Nutter

1.b. Subject of Record's Given Name (First Name)

Timothy

1.c. Subject of Record's Middle Name

John

2. Subject of Record's A-Number (if any)

► A- 2 1 3 5 5 8 6 6 3

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

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4.a. Page Number 4.b. Part Number 4.c. Item Number

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5.a. Page Number 5.b. Part Number 5.c. Item Number

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6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

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7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

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DEPARTMENT OF HOMELAND SECURITY

NOTICE TO APPEAR

In removal proceedings under section 240 of the Immigration and Nationality Act:

File No. A213 558 663

In the Matter of:

Respondent: GLAUCIO GOMES

currently residing at:

Karnes County Residential Center, 409 FM 1144, Karnes City, TX 78118

(Number, street, city and ZIP code)

(Area code and phone number)

- ☐ You are an arriving alien.  
☒ You are an alien present in the United States who has not been admitted or paroled. You are an applicant for admission.  
☐ You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that:

- 1) You are not a citizen or national of the United States.
- 2) You are a native of BRAZIL and a citizen of BRAZIL;
- 3) You entered the United States at an unknown location on or about 01/19/2020;
- 4) You did not then possess or present a valid immigrant visa, reentry permit, border crossing identification card, or other valid entry document;
- 5) You were not then admitted or paroled after inspection by an immigration officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

Section 212(a)(7)(A)(i)(I) of the Immigration and Nationality Act (Act), as amended, as an immigrant who, at the time of application for admission, is not in possession of a valid unexpired immigrant visa, reentry permit, border crossing card, or other valid entry document required by the Act, and a valid unexpired passport, or other suitable travel document, or document of identity and nationality as required under the regulations issued by the Attorney General under section 211(a) of the Act.

Section 212(a)(6)(A)(i) of the Act, as amended, as an alien present in the United States without being admitted or paroled, or who has arrived in the United States at any time or place other than as designated by the Attorney General.

☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.

☒ Section 235(b)(1) order was vacated pursuant to: ☒ 8CFR 208.30(f) ☐ 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

San Antonio EOIR, 800 Dolorosa Street, Suite 300, San Antonio, TX 78207

(Complete Address of Immigration Court, including Room Number, if any)

on TBD at TBD to show why you should not be removed from the United States based on the

(Date)

(Time)

charge(s) set forth above.

**Ja Nette B. Orendach**  
Supervisory Asylum Officer

(Signature and Title of Issuing Officer)

Date **FEB 13 2020**

Karnes City, TX

(City and State)

### Notice to Respondent

**Warning:** Any statement you make may be used against you in removal proceedings.

**Alien Registration:** This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

**Representation:** If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 1003.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

**Conduct of the hearing:** At the time of your hearing, you should bring with you any affidavits or other documents, which you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear and that you are inadmissible or removable on the charges contained in the Notice to Appear. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

You will be advised by the immigration judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of departure voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

**Failure to appear:** You are required to provide the DHS, in writing, with your full mailing address and telephone number. You must notify the Immigration Court and the Department of Homeland Security immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the DHS.

**Mandatory Duty to Surrender for Removal:** If you become subject to a final order of removal, you must surrender for removal to your local DHS office, listed on the internet at <http://www.ice.gov/contact/ero>, as directed by DHS and required by statute and regulation. Immigration regulations at 8 CFR 1241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Immigration and Nationality Act (the Act).

**U.S. Citizenship Claims:** If you believe you are a United States citizen, please advise DHS by calling the ICE Law Enforcement Support Center toll free at (855)448-6903.

### Request for Prompt Hearing

To expedite a determination in my case, I request this Notice to Appear be filed with the Executive Office of Immigration Review as soon as possible. I waive my right to a 10-day period prior to appearing before an immigration judge and request my hearing be scheduled.

Before:

\_\_\_\_\_  
(Signature of Respondent)

\_\_\_\_\_  
(Signature and Title of Immigration Officer)

Date: \_\_\_\_\_

### Certificate of Service

This Notice To Appear was served on the respondent by me on 2/14/00, in the following manner and in compliance with section 239(a)(1) of the Act.

- ☒ In person ☐ by certified mail, returned receipt # \_\_\_\_\_ requested ☐ by regular mail  
☒ Attached is a credible fear worksheet.  
☒ Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the Portuguese language at the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

X Carlos Gomez  
(Signature of Respondent if Personally Served)

[Signature]  
(Signature and Title of Officer)

H8654 Mchutchison  
Deportation Officer  
DHS-ICE